

<i>SERFF Tracking Number:</i>	<i>TRVD-125641832</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Charter Oak Fire Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-04-0104</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Storage First</i>		
<i>Project Name/Number:</i>	<i>Storage First Form Filing/2008-04-0104</i>		

Filing at a Glance

Companies: The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Property Casualty Company of America

Product Name: Storage First	SERFF Tr Num: TRVD-125641832	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 2008-04-0104		State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Authors: Margaret Salisbury, Tia Slivinsky	Disposition Date: 05/28/2008
	Date Submitted: 05/20/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Storage First Form Filing	Status of Filing in Domicile: Authorized
Project Number: 2008-04-0104	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 05/28/2008	
State Status Changed: 05/28/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	
In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached Commercial General Liability form filing for your review and consideration.	

We are combining two optional forms that were previously used separately but always in conjunction with each other.

<i>SERFF Tracking Number:</i>	<i>TRVD-125641832</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Charter Oak Fire Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-04-0104</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Storage First</i>		
<i>Project Name/Number:</i>	<i>Storage First Form Filing/2008-04-0104</i>		

This combination will reduce the number of forms needed to be attached to the policy and help streamline the policy issuance process. In addition as part of this revision, we have added coverage for mobile storage, revised the language to be more in line with the current marketplace wording and added a “no deductible” option. For a detailed explanation of our form, please refer to the enclosed form transmittal supplement.

We cannot determine the premium impact of our filing as this coverage is optional.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

Company and Contact

Filing Contact Information

Margaret Salisbury, Senior Regulatory Analyst	MSALSBUR@travelers.com
One Tower Square	(860) 277-6470 [Phone]
Hartford, CT 06183	(860) 954-0580[FAX]

Filing Company Information

The Charter Oak Fire Insurance Company	CoCode: 25615	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0291290	

The Phoenix Insurance Company	CoCode: 25623	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0303275	

The Travelers Indemnity Company	CoCode: 25658	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0566050	

The Travelers Indemnity Company of America	CoCode: 25666	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:

SERFF Tracking Number: TRVD-125641832 State: Arkansas
First Filing Company: The Charter Oak Fire Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-04-0104
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Storage First
Project Name/Number: Storage First Form Filing/2008-04-0104

Hartford, CT 01683 (860) 277-6470 ext. [Phone]	Group Name: FEIN Number: 58-6020487 -----	State ID Number:
The Travelers Indemnity Company Of Connecticut One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25682 Group Code: 3548 Group Name: FEIN Number: 06-0336212 -----	State of Domicile: Connecticut Company Type: State ID Number:
Travelers Property Casualty Company of America One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25674 Group Code: 3548 Group Name: FEIN Number: 36-2719165 -----	State of Domicile: Connecticut Company Type: State ID Number:

SERFF Tracking Number: TRVD-125641832 State: Arkansas

First Filing Company: The Charter Oak Fire Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-04-0104

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Storage First

Project Name/Number: Storage First Form Filing/2008-04-0104

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Charter Oak Fire Insurance Company	\$0.00	05/20/2008	
The Phoenix Insurance Company	\$0.00	05/20/2008	
The Travelers Indemnity Company	\$50.00	05/20/2008	20415763
The Travelers Indemnity Company of America	\$0.00	05/20/2008	
The Travelers Indemnity Company Of Connecticut	\$0.00	05/20/2008	
Travelers Property Casualty Company of America	\$0.00	05/20/2008	

SERFF Tracking Number: TRVD-125641832 *State:* Arkansas
First Filing Company: The Charter Oak Fire Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-04-0104
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: Storage First
Project Name/Number: Storage First Form Filing/2008-04-0104

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/28/2008	05/28/2008

SERFF Tracking Number: TRVD-125641832 State: Arkansas
First Filing Company: The Charter Oak Fire Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-04-0104
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Storage First
Project Name/Number: Storage First Form Filing/2008-04-0104

Disposition

Disposition Date: 05/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: TRVD-125641832 State: Arkansas

First Filing Company: The Charter Oak Fire Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-04-0104

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Storage First

Project Name/Number: Storage First Form Filing/2008-04-0104

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Property-Casualty Forms Transmittal Supplement	Approved	Yes
Form	Customers' Goods Legal Liability Sale and Disposal Legal Liability	Approved	Yes

SERFF Tracking Number: TRVD-125641832 State: Arkansas

First Filing Company: The Charter Oak Fire Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-04-0104

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Storage First

Project Name/Number: Storage First Form Filing/2008-04-0104

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Customers' Goods Legal Liability Sale and Disposal Legal Liability	CG D3 63 04 08	04-2008	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CG D3 62 03 05; CG D3 63 03 05 Previous Filing #: 2005-07-0091		CGD363040 8-Cus Goods-Sale & Disposal LL Final.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CUSTOMERS' GOODS LEGAL LIABILITY
SALE AND DISPOSAL LEGAL LIABILITY**

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

CUSTOMERS' GOODS LEGAL LIABILITY

SCHEDULE

Limits of Insurance: Each Occurrence
Aggregate

Deductible: Per Occurrence

SALE AND DISPOSAL LEGAL LIABILITY

SCHEDULE

Limits of Insurance: Each Customer
Aggregate

Deductible: Per Customer

PROVISIONS

1. The following is added to COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I – Coverages):

CUSTOMERS' GOODS LEGAL LIABILITY

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "property damage" to "customers'" property, or the property of others for which such "customer" is liable. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "property damage" to which this insurance does not apply. We may at our discretion investigate any "occurrence" and settle any claim or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in Paragraph 4. below; and
- (2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under this **CUSTOMERS' GOODS LEGAL LIABILITY** insurance.

No other obligation or liability to pay sums or perform acts is covered unless explicitly provided for under Supplementary Payments – Coverages **A** and **B**.

- b. This insurance applies to "property damage" only if:

- (1) The "property damage" is caused by an "occurrence" that takes place in the "coverage territory" in:
 - (a) The operation of a self-storage facility at a premises listed on the Location Schedule of the Commercial General Liability Coverage Part to which this endorsement is attached; or
 - (b) Mobile storage or document storage operations conducted by you or on your behalf; and
- (2) The "property damage" occurs during the time this endorsement is in effect.

SALE AND DISPOSAL LEGAL LIABILITY

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of a negligent act, error, or omission committed by you or on your behalf and arising from "lock-out" or the

sale, removal or disposition of "customers" property as a result of "sale and disposal operations". We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages to which this insurance does not apply. We may at our discretion investigate any act, error, or omission and settle any claim or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in Paragraph 4. below; and
- (2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under this **SALE AND DISPOSAL LEGAL LIABILITY** insurance.

No other obligation or liability to pay sums or perform acts is covered unless explicitly provided for under Supplementary Payments – Coverages **A** and **B**.

b. This insurance applies to damages only if:

- (1) The negligent act, error or omission is committed in the "coverage territory" in:
 - (a) The operation of a self-storage facility at a premises listed on the Location Schedule of the Commercial General Liability Coverage Part to which this endorsement is attached; or
 - (b) Mobile storage or document storage operations conducted by you or on your behalf; and
- (2) The negligent act, error or omission is committed during the time this endorsement is in effect.

2. With respect to the insurance provided by this endorsement, **Damage To Property** Exclusion (j)(4) of Paragraph 2. **Exclusions** of COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I - Coverages) does not apply to "customers" property in the care, custody or control of the insured.
3. The following exclusions are added to Paragraph 2. **Exclusions** of COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I - Coverages):
 - a. The **CUSTOMERS' GOODS LEGAL LIABILITY** insurance provided by this endorsement does not apply to liability arising out of "sale and disposal operations".
 - b. The **SALE AND DISPOSAL LEGAL LIABILITY** insurance provided by this endorsement does not apply to liability for access that is restricted by normal hours of operation.
 - c. The **CUSTOMERS' GOODS LEGAL LIABILITY** and **SALE AND DISPOSAL LEGAL LIABILITY** insurance provided by this endorsement does not apply to liability:
 - (1) Assumed by the insured under any contract or agreement. This exclusion does not apply to liability for damages assumed by the insured in an "insured contract"; or
 - (2) Arising out of the misappropriation, secretion, conversion, infidelity or any dishonest or criminal act on the part of you, your "employees" or agents, or any person or persons to whom you may have entrusted such property.
4. With respect to the insurance provided by this endorsement, the following provisions are added to LIMITS OF INSURANCE (Section III):
 - a. The Limits of Insurance shown in the Schedules above and the rules below fix the most we will pay regardless of the number of:
 - (1) "Customers";
 - (2) Insureds;
 - (3) Claims made or "suits" brought; or
 - (4) Persons or organizations making claims or bringing "suits."
 - b. For the **CUSTOMERS' GOODS LEGAL LIABILITY** insurance, the limit shown in the Schedule above as Aggregate is the most we will pay for damages because of "property damage" to "customers" property which occurs during the time this endorsement is in effect.

Subject to that Aggregate limit, the Limit shown in the Schedule above as Each Occurrence is the most we will pay for damages because of "property damage" to "customers" property arising out of any one "occurrence."

For the purpose of determining the Limits of Insurance, all claims arising out of the same or a series of related acts shall be considered to arise out of one "occurrence".

If a Deductible amount is entered in the Schedule above, such deductible applies to all damages arising out of any one "occurrence".

- c. For the **SALE AND DISPOSAL LEGAL LIABILITY** insurance, the limit shown in the Schedule above as Aggregate is the most we will pay for damages because of all negligent acts, errors or omissions committed during the time this endorsement is in effect.

Subject to that Aggregate limit, the Limit shown in the Schedule above as Each Customer is the most we will pay for damages because of all negligent acts, errors or omissions in the sale, disposal or removal of, or restriction of access to, the property of any one "customer."

If a Deductible amount is entered in the Schedule above, such deductible applies to all damages sustained by any one "customer". For the purpose of determining the applicable deductible, all negligent acts, errors or omissions in the sale, disposal or removal of, or restriction of access to, the property of any one "customer" shall be subject to one deductible.

- d. The following **Deductible** provisions apply for **CUSTOMERS' GOODS LEGAL LIABILITY** insurance and for **SALE AND DISPOSAL LEGAL LIABILITY** insurance:

- (1) Our obligation to pay damages under this endorsement on behalf of the insured applies only to the amount of damages which are in excess of the deductible amount, if any, stated in the Schedules above.
- (2) The terms of the Commercial General Liability Coverage Part to which this endorsement is attached, including those with respect to:
 - (a) Our right and duty with respect to the defense of the insured against "suits"; and
 - (b) Your duties in the event of an act, error or omission, or "occurrence", claim or "suit";
 apply irrespective of the application of the deductible amount.
- (3) We may pay any part or all of the deductible amount to effect settlement of any claim or "suit", and you shall promptly reimburse us for such part of the deductible amount as we have paid.
- (4) The applicable limits of insurance (including aggregates) stated in the Schedules above are in excess of the deductible amount, if any, stated in the Schedules above and shall not be reduced by the amount of any damages within the deductible amount.

5. With respect to the insurance provided by this endorsement, COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV) is amended as follows:

- a. The following Condition is added:

Privilege to Adjust with Owner

In the event claim is made for:

- (1) Loss or damage to property of others; or
- (2) Loss arising from the sale, disposal or removal of, or restriction of access to, the property of your "customers";

we reserve the right to adjust such loss or damage with the owner or owners of the property. The receipt of payment by such owner or owners in satisfaction thereof shall be in full satisfaction of any claim by you for which such payment has been made.

- b. With respect to the **SALE AND DISPOSAL LEGAL LIABILITY** insurance provided by this endorsement, Paragraph 2. (Duties In The Event Of Occurrence, Offense, Claim Or Suit) is replaced by the following:

2. Duties In The Event Of Act, Error Or Omission, Claim Or Suit

- a. You must see to it that we are notified as soon as practicable of an act, error or omission which may result in a claim. To the extent possible, notice should include:

- (1) How, when and where the act, error or omission took place;
- (2) The names and addresses of any injured persons and witnesses; and
- (3) The nature of any injury or damage arising out of the act, error or omission.

b. If a claim is made or "suit" is brought against any insured you must:

- (1) Immediately record the specifics of the claim or "suit" and the date received; and
- (2) Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

c. You and any other involved insured must:

- (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
- (2) Authorize us to obtain records and other information;
- (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and
- (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.

d. No insured will, except at that insured's own cost, voluntarily make payment, assume any obligation, or incur any expense without our consent.

6. With respect to the insurance provided by this endorsement, DEFINITIONS (Section V) is amended as follows:

a. The following replaces the definition of "property damage":

"Property damage" means:

- (1) Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or
- (2) Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it.

b. The following definitions are added:

- (1) "Customer" means a tenant, lessee or any person or organization leasing, renting or otherwise occupying self-storage space(s) or mobile container(s), or for whom you provide document storage services.
- (2) "Insured contract" means any storage agreement between the insured and the insured's "customer" in which the insured agrees to assume liability for damage to customers' goods up to a specified monetary amount per unit stored or transported, such as, but not limited to, a specific monetary amount per box, carton or pound.
- (3) "Lock-out" means depriving a "customer" from gaining access to their stored property or rented space.
- (4) "Sale and disposal operations":
 - (a) Means activities and procedures you conduct in your self-storage or mobile storage business to reclaim rented space.
 - (b) Includes:
 - (i) The disposal or destruction of "customers'" property in connection with a document storage or document management business; and
 - (ii) "Lock-out", sale, removal, and disposition of the property of your "customer".

<i>SERFF Tracking Number:</i>	<i>TRVD-125641832</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Charter Oak Fire Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-04-0104</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Storage First</i>		
<i>Project Name/Number:</i>	<i>Storage First Form Filing/2008-04-0104</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVD-125641832 State: Arkansas
First Filing Company: The Charter Oak Fire Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-04-0104
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Storage First
Project Name/Number: Storage First Form Filing/2008-04-0104

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/28/2008

Comments:

Attachments:

NAIC Transmittal Document 3-07.pdf
Form Filing Schedule.pdf

Satisfied -Name: Property-Casualty Forms
Transmittal Supplement **Review Status:** Approved 05/28/2008

Comments:

Attachment:

CGD3630408-Cus Goods-Sale & Disposal LL Final-TR.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3. Group Name	Group NAIC #
The Travelers Companies, Inc.	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Travelers Indemnity Company	CT	25658	06-0566050	
The Charter Oak Fire Insurance Company	CT	25615	06-0291290	
The Travelers Indemnity Company of Connecticut	CT	25682	06-0336212	
The Travelers Indemnity Company of America	CT	25666	58-6020487	
The Phoenix Insurance Company	CT	25623	06-0303275	
Travelers Property Casualty Company of America	CT	25674	36-2719165	

5. Company Tracking Number	2008-04-0104
-----------------------------------	---------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Margaret M. Salsbury Travelers One Tower Square Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com

7. Signature of authorized filer	<i>Margaret M. Salsbury</i>
8. Please print name of authorized filer	Margaret M. Salsbury

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0
10. Sub-Type of Insurance (Sub-TOI)	17.0001
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 07/01/08 Renewal: 07/01/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	05/20/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-04-0104
--	--------------

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached Commercial General Liability form filing for your review and consideration.

We are combining two optional forms that were previously used separately but always in conjunction with each other. This combination will reduce the number of forms needed to be attached to the policy and help streamline the policy issuance process. In addition as part of this revision, we have added coverage for mobile storage, revised the language to be more in line with the current marketplace wording and added a “no deductible” option. For a detailed explanation of our form, please refer to the enclosed form transmittal supplement.

We cannot determine the premium impact of our filing as this coverage is optional.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A - EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2008-04-0104		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Customers' Goods Legal Liability; Sale And Disposal Legal Liability	CG D3 63 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG D3 63 03 05 and CG D3 62 03 05	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

DEPARTMENT OF INSURANCE
PROPERTY-CASUALTY FORMS TRANSMITTAL SUPPLEMENT
SHEET FOR MULTIPLE FORM FILING

<u>FORM TITLE</u>	<u>NEW FORM</u>	<u>REPLACED FORM</u>	<u>TYPE OF FORM</u>	<u>DESCRIPTION OF FORM</u>
Customers' Goods Legal Liability; Sale And Disposal Legal Liability	CG D3 63 04 08	CG D3 63 03 05 and CG D3 62 03 05	E-GL-O	<p>[B] Travelers' Customers' Goods Legal Liability (CG D3 63 03 05) and Sale And Disposal Legal Liability (CG D3 62 03 05) endorsements, currently approved in your jurisdiction, originally were filed in our Filing Number 2005-07-0091 [2005-08-0014 for Hawaii; 2005-09-0003 for Alaska].</p> <p>These existing separate endorsements are revised as follows:</p> <ol style="list-style-type: none"> 1. Both coverages are combined into one form, as these two coverages always are sold "together" in the marketplace. 2. The coverage language is revised to be more consistent with that of our competitors. This includes elimination of several exclusions which are not standard or customary in the self-storage industry. 3. Coverage newly is provided for mobile storage or document storage operations. 4. The form now allows for a "no deductible" option.